

Form **8871**  
(July 2000)  
Department of the Treasury  
Internal Revenue Service

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-0047

**Part I General Information**

Employer identification number

1 Name of organization  
**CITIZENS FOR JOHN MORRISON**

**91-2068823**

2 Mailing address (P.O. Box or number, street, and room or suite number)  
**PO BOX 1292**

City or town, state, and ZIP code  
**LAKE STEVENS, WA 98258**

3 E-mail address of organization  
**ELECT MORRISON AT AOL COMM**

4a Name of custodian of records  
**JOHN MORRISON**

4b Custodian's address  
**13025 279TH AVENUE  
GRAVINE FALLS, WA**

5a Name of contact person  
**JOHN MORRISON**

5b Contact person's address  
**13025 279TH AVENUE  
GRAVINE FALLS, WA**

6 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

City or town, state, and ZIP code

**Part II Purpose**

7 Describe the purpose of the organization

**ELECT JOHN MORRISON AS STATE REP.**

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address

For Paperwork Reduction Act Notice, see page 4.

OMB No. 1545-0047

Form **8871** (7-2000)

702  
RECEIVED  
AUG 11 2000  
OGDEN, UT  
IRS-OSC

Signatures  
**John W**  
7/30/2000

Form 8871 (7-2000)

**Part IV List of All Officers, Directors, and Highly Compensated Employees (See instructions)**

a. Name	b. Title	c. Address
JOHN MARRISON	CHAIRMAN	BOX 279 MAVERUE GRANDISE FALLS, WA

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have reviewed this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

*[Signature]*  
Signature of authorized official

8/31/2000  
Date